

**CITY OF SAN DIEGO
TRANSPORTATION DEPARTMENT - PARKING MANAGEMENT DIVISION**

PROOF OF CLAIM FORM - OVERPAID PARKING CITATION (S)

If your name is on the attached listing of undeliverable refund checks for overpaid parking citations, please complete the claim form and mail to the address indicated below. Refunds of overpaid parking citations issued between March 1, 1998 through June 30, 2001, are pursuant to a settlement agreement reached in United States District Court, Southern District of California.

Please attach any and all documentation to substantiate your claim to these monies, including canceled checks and receipts proving payment, and a copy of your driver's license. Also, please complete the following information for contact purposes. *PLEASE PRINT*

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

HOME TELEPHONE NUMBER () _____

ALTERNATE TELEPHONE NUMBER () _____

I declare under penalty of perjury I am the person (s) indicated on the attached listing who overpaid the parking citation (s) for a total of \$ _____. I request a refund in this amount be mailed to me at the address indicated above.

DATE _____ **YOUR SIGNATURE** _____

Please mail this form and all supporting documentation to:

**City of San Diego
Transportation Department - Parking Management Division
P.O. BOX 129043
San Diego CA 92112-9043**

SUBMISSION DEADLINE - DECEMBER 31, 2005